



# Application for Admission

Date: \_\_\_\_\_ Desired date of admission: \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary language spoken at home: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Is your child adopted: \_\_\_\_\_ At what age was your child adopted? \_\_\_\_\_

Student lives with: (check all that apply)

- Father
- Mother
- Stepfather
- Stepmother
- Other (please explain)

Check if applicable:

- Father deceased
- Parents separated
- Mother remarried
- Mother deceased
- Parents divorced
- Father remarried

If parents are divorced or separated, what is the custodial arrangement? \_\_\_\_\_

Please indicate with whom we should communicate regarding your application? \_\_\_\_\_

## Family Information

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/Position: \_\_\_\_\_ Employer/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

**Paternal Grandparents Name:** \_\_\_\_\_

**Maternal Grandparents Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Sibling Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Current School/Occupation: \_\_\_\_\_

**Sibling Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Current School/Occupation: \_\_\_\_\_

## Academic/Medical Information

Were there any significant problems or difficulties associated with:

The pregnancy and/or delivery of your child? \_\_\_\_\_

Your child's health before he/she started school? \_\_\_\_\_

Your child's health now? \_\_\_\_\_

Were there any significant problems or delays with your child reaching key developmental milestones?

If yes, please explain: \_\_\_\_\_

At what age did your child begin school? \_\_\_\_\_ What grades, if any, were repeated? \_\_\_\_\_

When did you first observe a learning problem with your child? \_\_\_\_\_

When was your child first diagnosed with a learning disability and/or attention issues and by whom?

Is there anyone else in the extended family who has similar difficulties to those of your child?

Has any member of your child's family ever received treatment for a behavioral, social, emotional, or psychological disorder?

Current School (name and address): \_\_\_\_\_

Current grade: \_\_\_\_\_

Does your child have a current:  IEP or  504 Plan? If so, please include with application.

List all schools previously attended:

School name and address: \_\_\_\_\_

Dates and grades attended: \_\_\_\_\_

School name and address: \_\_\_\_\_

Dates and grades attended: \_\_\_\_\_

List any special services received privately or at school. (Please include Academic tutoring, Speech and Language, Occupational Therapy, Counseling, and Special Education services)

Type of Service: \_\_\_\_\_ Provider: \_\_\_\_\_

Purpose: \_\_\_\_\_ Date Provided: \_\_\_\_\_

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Purpose: \_\_\_\_\_ Date Provided: \_\_\_\_\_

What are your child's three (3) keenest interests? \_\_\_\_\_

What are your child's three (3) most obvious strengths? \_\_\_\_\_

What activities seem to frustrate your child the most? \_\_\_\_\_

What ways do you think your child seems to learn best?

- Seeing it done     Hearing it explained     "Mimicking" an instructor     Experimenting on his/her own

On a scale of 1 to 10, (with 10 being the highest degree), how involved have you been with the planning and monitoring of your child's education? \_\_\_\_\_ Father    \_\_\_\_\_ Mother    \_\_\_\_\_ Stepfather    \_\_\_\_\_ Stepmother    \_\_\_\_\_ Other

What are your long term academic or vocational goals for your child? \_\_\_\_\_  
\_\_\_\_\_

Date of last hearing evaluation and results (please include report copy): \_\_\_\_\_

Date of last vision examination and results (please include report copy): \_\_\_\_\_

Has your child had chronic ear, eye or throat infections/problems? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Has your child ever had a complete neurological examination? \_\_\_\_\_  
If yes, please give date of examination and include a report copy.

Has your child ever been hospitalized for neurological trauma, injury or dysfunction? \_\_\_\_\_

Has your child ever received or been evaluated for pharmaceutical therapy for attention deficit disorder or hyperactivity?

If yes, please explain. \_\_\_\_\_

Is there anything about your child's ability to "focus" or activity level which concerns you? \_\_\_\_\_  
\_\_\_\_\_

How would you characterize your child's memory? \_\_\_\_\_  
\_\_\_\_\_

Has there been any recent life-changing or acute trauma which could have affected your child? \_\_\_\_\_  
\_\_\_\_\_

List all medications your child is taking. Include reason and length of time your child has taken each medication?  
\_\_\_\_\_

If it is determined that such critical information including, but not limited to any psycho-educational, sensor-perceptual, psychiatric, counseling, diagnostic or academic assessments, has been either intentionally or inadvertently withheld, The New High School Project reserves the right to withdraw a student's acceptance or terminate placement.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_